

## Amendment Under 37 C.F.R. § 1.116 Group Art Unit 2624, Expedited Procedure

## PATENT APPLICATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
YUICHI HIGUCHI	: Examiner: S. Brinich	
Application No.: 09/606,023	: Group Art Unit: 2624	·
Filed: June 29, 2000	; )	RECEIVED
For: PRINTING APPARATUS AND CALIBRATION CONTROL METHOD	: ) : September 9, 2004	SEP 1 4 2004 Technology Center 2600

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## **AMENDMENT AFTER FINAL REJECTION**

Sir:

In response to the Office Action dated June 10, 2004, please amend the above-identified application, as follows:

09/13/2004 EAREGAY1 00000049 09606023

01 FC:1201 02 FC:1202 86.00 OP 18.00 OP





Amendment Under 37 C.F.R. § 1.116 Group Art Unit 2624, Expedited Procedure

Docket No. 01272.020418

YUICHI HIGUCHI

Application No.: 09/606,023

Filed: June 29, 2000

For: PRINTING APPARATUS AND CALIBRATION

**CONTROL METHOD** 

Mail Stop AF THE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Examiner: S. Brinich

Group Art Unit: 2624

Date: September 9, 2004

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SEP 1 4 2004

Technology Center 2600

Sir:

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Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

		C	LAIMS AS AMEN	NDED		
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 32	MINUS	**	= 1	x \$9 \$18	18.00
INDEP. CLAIMS	* 10	MINUS	***	= 1	x \$43 \$86	86.00
Fee for Multiple Dependent claims \$145°/\$290					Prev. Paid	
			TOTAL ADDITE	_		104.00

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	Verified Statement claiming small entity status is enclosed, if not filed previously.			
X	A check in the amount of \$104.00 is enclosed.			
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.			
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.			
	A check in the amount of \$ to cover the fee for a month extension is enclosed.			
<u>,</u>	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.			
X	Applicant's undersigned attorney may be reached in our Costa Mesa, CA office at (714) 540-8700. All correspondence should continue to be directed to our address given below.			
	Respectfully submitted,			
	Attorney for Applicant Frank L. Cire Registration No. 42,419			
FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200				
Form #	120			
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